PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

ELSE-0825/89900-64

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			12					RATE	FEE	7	RATE	FEE
FO	OR .		NUMBER FILED .		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00
TO	OTAL CHARGE	ABLE CLAIMS	/2 minus 20=		*			X\$ 9=		OR	X\$18=	
IN	DEPENDENT C	LAIMS	minus 3 =		* /			X43=	1	OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		7	+290=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2		TOTAL		OR OR	TOTAL	770
CLAIMS AS AMENDED - PART II								TOTAL	L	104	OTHER	
		(Column 1)	(Colum			(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL			TOTAL	
			DDIT. FEE] O:1	ADDIT. FEE						
_		(Column 1) CLAIMS		(Colum	ST	(Column 3)	1 г		ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		」	+145=		OR	+290=	
								TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE			ADDIT. FEE	
		CLAIMS		HIGHE		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		= .		X\$ 9=	1 66	OR	X\$18=	TEE_
	Ind pendent	*	Minus	***		=	╽┟	X43=			X86=	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		-	7,40-		OR	700-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is loss than 20 pater "20."										TOTAL DDIT. FEE		
		ber Previously Paid					r foun	d in the ann	ropriate box	in col	ımn 1.	